

Cemetery & Funeral Bureau

P. O. Box 989003, West Sacramento, CA 95798-9003

P (916)574-7870

F (916)928-7988

www.cfb.ca.gov



Crematory License 2009 1st Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: April 30, 2009

Crematory Name: _____

License No.: _____

List the total number of cremations performed from January 1, 2009 through March 31, 2009.

A.	Number of cremations performed	_____ x \$8.50 = _____
	Total Due	\$ _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____

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P. O. Box 989003, West Sacramento, CA 95798-9003

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Crematory License 2009 2nd Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: July 31, 2009

Crematory Name: _____

License No.: _____

List the total number of cremations performed from April 1, 2009 through June 30, 2009.

A.	Number of cremations performed	_____ x \$8.50 = _____
	Total Due	\$ _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____

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Crematory License 2009 3rd Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: October 31, 2009

Crematory Name: _____

License No.: _____

List the total number of cremations performed from July 1, 2009 through September 30, 2009.

A.	Number of cremations performed	_____ x \$8.50 = _____
	Total Due	\$ _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____

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Crematory License 2009 4th Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: January 31, 2010

Crematory Name: _____

License No.: _____

List the total number of cremations performed from October 1, 2009 through December 31, 2009.

A.	Number of cremations performed	_____ x \$8.50 = _____
	Total Due	\$ _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____